

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 2/19/2020
Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Eric S. JARA Date: 2/19/2020

Signed: [Signature]

E-Mail: _____

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Ny 050 Date of Visit: 2/17/2020

Contractor Personnel on Site: ADPFA - W. V. A

1. PM-MD - 10019 - 6991
2. PM-MD - 10020 - 6992
3. PM-MD - 10025 - 6993
- PM-MD - 9972 - 7019

Work Performed:

PM-QT - 10014 - 7020

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- PM-QT - 10021 - 7021
1. PM-QT - 10022 - 7022
2. PM-QT - 9975 - 7216
3. PM-QT - 9976 - 7217
4. PM-QT - 9977 - 7218
- PM-SA - 10029 - 7219

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. _____
2. _____
3. _____